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APPLICANTS

Mark M. Levy, RaAnana, ISRAEL;

** CONTINUING DATA ****

This application is a CIP of 10/422,091 04/24/2003

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY **
 ** 06/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature Initials

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TITLE

Ingestible gastrointestinal device

FILING FEE RECEIVED 1177	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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